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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/547,680
	Filing Date	September 2, 2005
	First Named Inventor	Heinrich HANISCH ET AL.
	Title	DEVICE FOR SELECTING AN AREA OF A DENTAL RESTORATION BODY, WHICH IS DEPICTED IN A 3D REPRESENTATION, AND METHOD THEREFOR
	Art Unit	3732
	Examiner Name	Heide Marie Eide
	Attorney Docket Number	01873.GC0014.

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	15.06.09
Name	Dr. Redlich, General Counsel E/AP	Telephone	0043-662-2450-535
Title and Company	Sirona Dental Systems GmbH		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

☒ \*Total of 1 forms are submitted.

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